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FAX

TO: Commissioner for Patents, Mail Stop:	FROM: C. Douglass Thomas Ph: 650-903-9200, Fax: 650-903-9800
COMPANY: United States Patent Office	DATE: 10/30/2008
FAX NUMBER: 571-273-8300	NO. OF PAGES (INCLUDING COVER): 20
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: IPVBP003
RE:	RECIPIENT'S REFERENCE NUMBER: 10/826,531

NOTES/COMMENTS:

Transmitted herewith are the following documents for entry into the above-noted file:

Request for Continued Examination (RCE)	2 pages
Credit Card Payment Form	1 page
Response (and Amendment) C Transmittal	1 page
Response (and Amendment) C	12 pages
Information Disclosure Statement	2 pages
Form 1449	1 page

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL NAMED ABOVE AND OTHERS WHO HAVE BEEN SPECIFICALLY AUTHORIZED TO RECEIVE SUCH. IF THE RECIPIENT IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, OR IF ANY PROBLEMS OCCUR WITH TRANSMISSION, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AT (650)903-9200. THANK YOU.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: CHEUNG et al.

Attorney Docket No.: IPVBP003

Application No.: 10/826,531

Examiner: BLAIR, KILE O.

Filed: April 15, 2004

Group: 2615

Title: DIRECTIONAL SPEAKER FOR
PORTABLE ELECTRONIC DEVICE**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 30, 2008.

Signed: Patricia Tate

Printed Name: Patricia Tate

RESPONSE (and Amendment) C TRANSMITTALCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	13	MINUS	25	00	x 26 =	x 52 =
Independent Claims	3	MINUS	4	00	x 110 =	x 220 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$	\$
Total					\$00.00	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-3874 (Order No. IPVBP003).
- ☒ Enclosed is a Credit Card Payment Form for the amount of \$ 405.00 to cover the RCE fee.
- ☒ Please charge any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 50-3874 (Order No. IPVBP003).

Respectfully submitted,

C. Douglass Thomas
Reg. No. 32,947

Appln. No. 10/826,531

Atty. Docket No. IPVBP003